

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8							58
9							59
10							60
11		1					61
12							62
13		1					63
14		1					64
15		1					65
16		1					66
17		1					67
18		1					68
19		1					69
20							70
21		1					71
22		1					72
23		1					73
24		1					74
25		1					75
26		1					76
27		1					77
28		1					78
29		1					79
30		1					80
31		30					81
32		30					82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1						TOTAL IND.
TOTAL DEP.	23	1	1	1	1	1	TOTAL DEP.
TOTAL CLAIMS	90	1	1	1	1	1	TOTAL CLAIMS